

**ASBESTOS DEMOLITION AND RENOVATION (D/R)  
FIELD DATA COLLECTION CHECKLIST**

**I. GENERAL INFORMATION**

Site Name: \_\_\_\_\_

Location: \_\_\_\_\_

\_\_\_\_\_

Date of Inspection: \_\_\_\_\_ Time of Inspection: \_\_\_\_\_

Weather Conditions: \_\_\_\_\_

Inspector(s): \_\_\_\_\_

\_\_\_\_\_

Notification Received? Yes (date): \_\_\_\_\_ No: \_\_\_\_\_

Reason for Inspection: \_\_\_\_\_

Routine Compliance Inspection \_\_\_\_\_ Citizen Complaint: \_\_\_\_\_

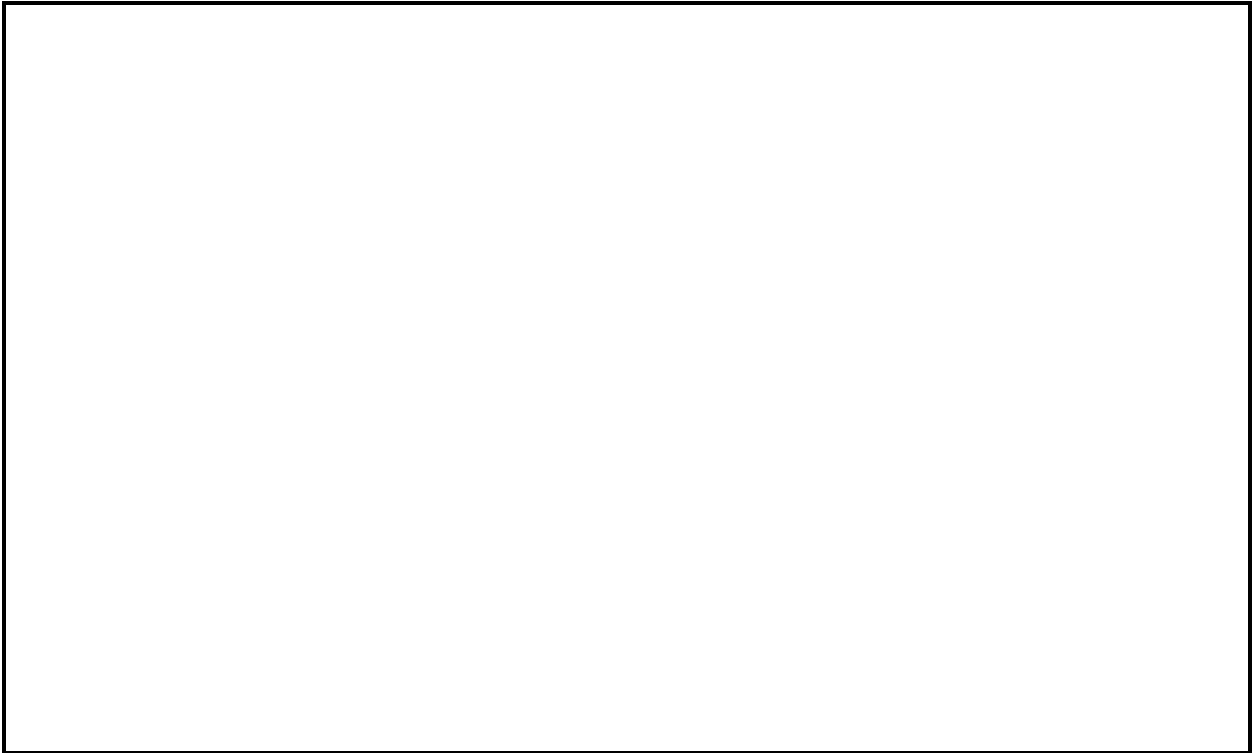
Suspected Non-notifier \_\_\_\_\_ State Oversight/Joint \_\_\_\_\_

Other (explain) \_\_\_\_\_

**II REMOTE OBSERVATIONS**

Using the space provided, draw a sketch of the suspected abatement area. Draw the building or other source of suspect ACM, waste storage area(s), location(s) of debris, land use surrounding site, vehicles of importance, etc. Estimate and indicate dimensions and distances as accurately as possible on the drawing.

## REMOTE OBSERVATION SKETCH



- |  | <b>Yes</b> | <b>No</b> |
|--|------------|-----------|
| 1. Visible emissions to the outside air? | _____      | _____     |

If yes, describe specific location (e.g., door, window, waste storage area, etc.) Referring to remote observation sketch.

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- |  | <b>Yes</b> | <b>No</b> |
|--|------------|-----------|
| 2. Suspect ACM debris observed outside removal area? | _____      | _____     |

If yes, describe [e.g., location, estimated quantity, condition (Intact? Crushed? Wet? Dry?)]

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	<b>Yes</b>	<b>No</b>
3. Are vehicles being used to haul suspect ACWM properly marked? [61.150(c)]	_____	_____
4. Land use surrounding site (i.e., residential, schools, businesses, etc.):		
_____		
_____		
_____		
a. Distance to the closest residence/public building from the D/R site:	_____	
b. Number of residences or occupied buildings on adjacent properties or lots:	_____	
c. Distance to pedestrian walkway, street, or thoroughfare from site:	_____	
d. Additional information indicating potential public exposure:	_____	
_____		
_____		
_____		
5. Building/Structure Information		
a. Use (office, retail, industry, school, etc): _____		
b. Brief physical description of building involved in D/R (number of floors, dimensions, etc.):	_____	
_____		
_____		
c. Year Constructed: _____	Year(s) Renovated: _____	

### III. PRE-INSPECTION INTERVIEW

- |    |                                  | Yes   | No    |
|----|----------------------------------|-------|-------|
| 1. | Credentials shown:               |       |       |
|    | Agency identification            | _____ | _____ |
|    | Medical monitoring certification | _____ | _____ |

2. Name and position of person being interviewed (include company name);

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3. Establish identity of owner/operator(s):

a. Owner Name: \_\_\_\_\_

b. Main Contact Person and Title: \_\_\_\_\_

c. Mailing Address: \_\_\_\_\_

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d. Telephone Number: (     )

4. Describe any changes/modifications/discrepancies to the information provided in the notification:

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5. Prime Contractor (provide the following information for each contractor related to the D/R job):

a. Company Name: \_\_\_\_\_

b. Main Contact Person and Title: \_\_\_\_\_

c. Mailing Address: \_\_\_\_\_

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d. Telephone Number: (        ) \_\_\_\_\_

e. Contractor's Responsibilities as Job: \_\_\_\_\_

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f. Number of employees involved in job: \_\_\_\_\_

g. Number of on-site employees trained in asbestos removal: \_\_\_\_\_

h. Name of Supervisor (if different from 5 b.): \_\_\_\_\_

i. What type of asbestos training has the supervisor had? \_\_\_\_\_

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6. On-site Representative

a. If applicable, name of on-site representative who has had required training in the provisions of the NESHAP regulation (effective 1 year after promulgation of the revised NESHAP):

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b. Is evidence regarding this individual's training posted and available for inspection at the demo-reno site? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

7. Subcontractors [Provide the following information for each subcontractor or any other party onsite (e.g., hygienist, consultant, etc.) Who controls or supervises the D/R project.]

a. Company Name: \_\_\_\_\_

b. Main Contact Person and Title: \_\_\_\_\_

c. Mailing Address : \_\_\_\_\_

d. Telephone Number: (        ) \_\_\_\_\_

e. Responsibilities at Job: \_\_\_\_\_

f. Number of employees involved in job: \_\_\_\_\_

g. Number of on-site employees trained in asbestos removal: \_\_\_\_\_

h. Name of Supervisor: \_\_\_\_\_

i. What type of asbestos training has the supervisor had? \_\_\_\_\_

\_\_\_\_\_

8. Activity Description

**Yes      No**

a. Is more than one project occurring at the facility?        \_\_\_\_\_

(If yes, complete a separate checklist for each or differentiate accordingly.)

b. Type of Activity:

Demolition \_\_\_\_\_      Ordered Demolition \_\_\_\_\_      Planned Renovation \_\_\_\_\_

Nonscheduled Operation \_\_\_\_\_      Emergency Renovation \_\_\_\_\_

c. Describe the Project and indicate its current phase: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

d. Describe type of abatement occurring (e.g., removal, encapsulation, etc.):

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e. Abatement starting date: \_\_\_\_\_

#### **IV. SITE INSPECTION OBSERVATIONS**

##### **A. Types of Suspect ACM**

###### *Insulation*

Pipe insulation (felt, air cell, premolded, asbestos cement) \_\_\_\_\_

Block insulation \_\_\_\_\_

###### *Surfacing Materials*

Plaster \_\_\_\_\_ Spackling compound \_\_\_\_\_ Stucco \_\_\_\_\_

Joint compound \_\_\_\_\_ Sprayed-on (acoustical, decorative or insulative) \_\_\_\_\_

###### *Miscellaneous*

Ceiling tiles \_\_\_\_\_ Acoustical tiles \_\_\_\_\_

###### *Category II Nonfriable ACM*

Extrusion panels \_\_\_\_\_ Clapboards/shingles \_\_\_\_\_ Millboard \_\_\_\_\_

Vinyl wallpaper \_\_\_\_\_ Pegboard \_\_\_\_\_ Putties \_\_\_\_\_ Sealants \_\_\_\_\_

Adhesives (mastics) \_\_\_\_\_ Concrete/asbestos pipe \_\_\_\_\_

Paints and coatings \_\_\_\_\_

Textiles (fire blankets, laboratory aprons, theater and welding curtains, gloves) \_\_\_\_\_

Laboratory Benchtops \_\_\_\_\_

*Other (Specify)*

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**B. Quantity Determination [61.145(a)]**

Complete Attachment A (Quantification of ACM) and the following:

1. Linear footage of ACM present on pipes: \_\_\_\_\_
2. Square footage of ACM present on other facility components: \_\_\_\_\_
3. Amount of ACM off facility components where the amount of ACM previously on pipes and other facility components is unknown: \_\_\_\_\_
4. Method of measuring or estimating amount of ACM present: \_\_\_\_\_

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	Yes	No	NA
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**C. EMISSION Control Procedures [61.145(c)]**

1. Facility ordered demolished (removal not required): \_\_\_\_\_

If yes,

a. Governmental agency ordering demolition:

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b. Portion of facility containing ACM adequately wet during wrecking?

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		Yes	No	N/A
	c. Visible dust emissions:	_____	_____	_____
2.	Category I Nonfriable ACM not in poor condition and not friable? (Removal not required)	_____	_____	_____
3.	Encased in concrete (removal not required)	_____	_____	_____
	If “yes” adequately wetted whenever exposed during demolition?	_____	_____	_____
4.	ACM not discovered until after demolition began and cannot be safely removed (removal not required)	_____	_____	_____
	If “yes” adequately wet at time of inspection?	_____	_____	_____
5.	Category II Nonfriable with low probability of becoming crumbled, pulverized or reduced to a powder during demolition? (removal not required)	_____	_____	_____
6.	Unit/section removal:			
	a. ACM adequately wet whenever exposed?	_____	_____	_____
	b. Lowered to floor and ground level without disturbing ACM?	_____	_____	_____
7.	Stripping in place?	_____	_____	_____
	If “yes”,			
	a. ACM adequately wet while being stripped and until collected and contained or treated in preparation for disposal?	_____	_____	_____
	b. Carefully lowered to floor or ground?	_____	_____	_____
	c. Transported to ground via leak-tight chutes or containers (if removed or stripped >50 feet above ground level and not removed as units or in sections?	_____	_____	_____

		Yes	No	N/A
8.	Temperature at point of wetting below 32EF?	___	___	___
	If yes,			
	a. Regulated facility components being removed as units or sections?	___	___	___
	b. Visible emissions to the outside air?	___	___	___
	c. Required records kept regarding cessation of wetting?	___	___	___
	d. Records available for inspection:	___	___	___
9.	Has the owner/operator been granted an exemption from wetting?	___	___	___
	a. Reason for exemption _____			
	b. Who granted the exemption? _____			
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	c. Is one of the following emission control techniques in use?			
	Local exhaust ventilation and collection system?	___	___	___
	Glove-bag system?	___	___	___
	Leak-tight wrapping?	___	___	___
	Equivalent approved method (with approval kept at the worksite)?	___	___	___
	d. Are there visible emissions tot he outside air?	___	___	___

		Yes	No	N/A
10.	Is the facility being demolished by intentional burning?	_____	_____	_____
	If yes, has all ACM (including Categories I and II) been removed before burning?	_____	_____	_____
11.	Is Category I Nonfriable ACM being sanded, ground, or abraded?	_____	_____	_____
	If yes,			
	a. Are visible emissions produced?	_____	_____	_____
	b. Is the ACM adequately wet?	_____	_____	_____
	c. Is a local exhaust and ventilation and collection system being used?	_____	_____	_____
12.	Are large facility components being removed without the ACM being stripped?	_____	_____	_____
	If yes,			
	a. Is the ACM being disturbed or damaged in any way?	_____	_____	_____
	b. Is the component encased in a leak-tight wrapping labeled appropriately during all loading and unloading operations and during storage?	_____	_____	_____
<b>D.</b>	<b>Evaluation of Wetting</b>			
1.	Is there a water or wetting agent supply?	_____	_____	_____
2.	What equipment is used to apply it?			

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	Yes	No	N/A
3. Is water or a wetting agent observed being sprayed on suspect ACM during:			
a. removal of units or sections?	_____	_____	_____
b stripping?	_____	_____	_____
c. government-ordered demolition?	_____	_____	_____
4. Is there visible dust (airborne or settled), dry suspect ACM or ACWM debris in the immediate vicinity of the operation?	_____	_____	_____
5. Upon examination of some removed ACM, does the full depth of the ACM appear to have been wetted?	_____	_____	_____
6. Describe how the ACM changes when it is wetted (e.g., color, texture, weight, etc):	_____	_____	_____
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7. Is ACM awaiting containerization adequately wet throughout?	_____	_____	_____
If not, describe: _____			
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8. Is ACM in bags or other containers adequately wet? (Follow sampling procedures detailed in “Asbestos NESHAP Demolition and Renovation Inspection Procedures Field Manual”)	_____	_____	_____
If not, describe: _____			
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9. Are there any open or ripped waste bags in the waste storage area?	_____	_____	_____
How many? _____			
Are the contents of these bags adequately wet?	_____	_____	_____

**E. Waste Disposal (61.150)**

		<b>Yes</b>	<b>No</b>	<b>N/A</b>
1.	Are there visible emissions to the outside air?	_____	_____	_____
2.	Is there any suspect ACM dust or debris on the ground?	_____	_____	_____

If yes, describe the quantity and location of the material and collect samples for analysis (sketch and photograph as necessary): \_\_\_\_\_

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3.	Is the owner/operator choosing an alternative to the “no visible emission” standard?	_____	_____	_____
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If yes, which of the following options is in use:

\_\_\_\_\_ Treat with water and put into leak-tight, labeled containers:

Is the ACM adequately wet? \_\_\_\_\_

Are the Containers leak-tight? \_\_\_\_\_

Are the containers properly labeled? \_\_\_\_\_

\_\_\_\_\_ Process into Nonfriable forms

\_\_\_\_\_ Alternative method approved by Administrator

Description of alternative method: \_\_\_\_\_

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Approving agency: \_\_\_\_\_

Name and title of approving official: \_\_\_\_\_

	Yes	No	N/A
4. Is ACWM being generated during an ordered demolition or demolition where ACM is not required to be removed?	_____	_____	_____
If yes, is the ACWM kept:			
a. adequately wet after demolition?	_____	_____	_____
b. wet during handling and loading for transport to a disposal site?	_____	_____	_____
(Sealing in leak-tight containers or wrapping not required - may be transported and disposed of in bulk)			
5. Are containers of ACWM destined for off-site transport labeled with the name of the waste generator and the location of its generation?	_____	_____	_____
6. Is all ACWM (excluding Category I Nonfriable in good condition) disposed of properly as soon as is practical?	_____	_____	_____
7. Are vehicles used in the transport of ACWM marked appropriately during loading and unloading?	_____	_____	_____
8. Waste Shipment Records			
The following information may not be available onsite:			
a. Are appropriate waste shipment records maintained?	_____	_____	_____
b. Has a signed copy of the waste shipment record been received by the generator from the waste disposal facility within 35 days?	_____	_____	_____